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11/21/2015

APPLICATION FOR TAXICAB LICENSE

Northampton, Mass. 1/02 2015
19

To Her Honor the Mayor and the City Council of the City of Northampton:

I hereby respectfully petition your honorable body for a License to operate an Automobile for the Conveyance of Passengers for Hire within the City of Northampton.

NAME Jeffrey Miller /Cosmic Cab

PLACE OF RESIDENCE 3 Market St. Northampton, MA

PLACE OF BUSINESS Cosmic Cab Company - 78 Conz Street, Northampton, MA

DESCRIPTION OF MOTOR VEHICLE 2005 Chrysler Town + Country (Blue)

REGISTRATION NUMBER 20645

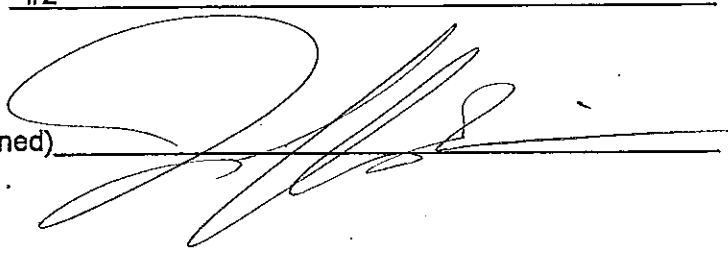
VEHICLE IDENTIFICATION NUMBER 2C4GP44R415R590646

CAPACITY 7 PASSENGERS (ONLY) NO. OF SEATBELTS 7

HOURS OF OPERATION 6am - 3am

PROOF OF VALID VEHICLE INSPECTION FILED #1 January 2, 2015

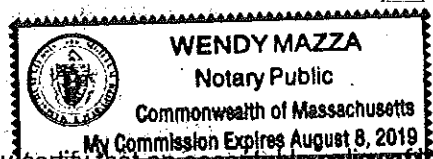
#2

(Signed) 

County of Hampshire

State of Massachusetts } ss

Sworn to before me this 2nd day of January 19 2015



Wendy Mazza
Notary Public

I hereby certify that an acceptable policy of insurance covering the foregoing motor vehicle, also a certificate from the insurance company guaranteeing required notice of cancellation of the said policy, have been filed with me in accordance with the provisions of the City Ordinances.

Wendy Mazza
City Clerk

In City Council, _____ Voted that Petition be granted.

Attest: _____ City Clerk.



Vehicle Inspection Report

Please Review This Important Information

Congratulations. Your vehicle has **PASSED** both its **SAFETY TEST** and its **EMISSIONS TEST**. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call the **Motorist Hotline** at 1-866-941-6277. The Hotline is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result:	Pass	Vehicle Information		Station Information	
Safety Result	Pass	VIN	2C4GP44R45R590646	Name:	ERNIES GARAGE
Emissions Result	Pass	License Plate	TA20645	Address:	72 KING STREET
Test Date	12/23/2014	Plate Type/State	TAN / MA		NORTHAMPTON, MA 01060
Test Time	1:14:59PM	Vehicle Type	Truck		413-584-0716
Test Type	Regular	Year / Make	2005 CHRYSLER		
Sticker Number	157021840	Model	TOWN AND COUNTRY 2W		
Inspection Type	Initial	Fuel Type	Gasoline	Station Number	PB005056
Inspection Count	1	Engine Cyl/Size	6/ 3.3	Workstation Number	ST001746
		GVWR	8500	Inspector Number	*****5128
		Odometer	112340	Test Fee	\$35.00

Safety Inspection Results

Visual Plate Check	Pass	Service Brakes	Pass	Horn Check	Pass
Stop and Tail Lights Check	Pass	Headlamp Check	Pass	Lighting/Reflector Check	Pass
Directional Lights Check	Pass	Frontend Check	Pass	Suspension Check	Pass
Frame Check	Pass	Wipers and Cleaner Check	Pass	Safety Belts Check	Pass
Air Bags Check	Pass	Exhaust Check	Pass	Window Tint Check	Pass
Windshield Check	Pass	Rear View Mirror Check	Pass	Bumpers/Fenders Check	Pass
Fuel Tank Fill Cap Check	Pass	Fuel Tank Fill Neck Check	Pass	Visible Smoke Check	Pass
Vehicle Height Check	Pass	Tires Check	Pass	Parking Brake Check	Pass
Other	Pass				

Safety Inspection Comments

On-Board Diagnostic (OBD) Test Results

OBD Tampering Check	Pass	OBD Connector Result	Pass	OBD MIL Status Result	Pass
OBD Key-On Bulb Check	N/A	OBD Communication Result	Pass	OBD Readiness Monitor Result	Pass
OBD Engine-Running Bulb Check	N/A	OBD RPM Check	Pass	OBD Test QA Check	
OBD Scan Tool Check Result	N/A	Pin 16 Volts Check	14.2		

On-Board Diagnostic (OBD) Monitor Results

Catalyst Monitor	Ready
Catalyst Heater Monitor	Not Supported
Evaporative System Monitor	Ready
Secondary Air System Monitor	Not Supported
A/C System Monitor	Not Supported
O2 Sensor Monitor	Ready
O2 Sensor Heater Monitor	Ready
Exhaust Gas Recirculation (EGR) Monitor	Ready



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this certificate

RMV Division

PLATE TYPE TAN	REGISTRATION NUMBER TA20645	REGISTRATION TYPE TAXI	EFFECTIVE DATE 12/11/14	EXPIRES LAST DAY OF 11 MONTH YEAR 15	TRANSACTION NUMBER 01434549060102
VEHICLE MODEL YEAR 2005	MAKE CHRY	MODEL TOWN	BODY STYLE TYPE VAN	COLOR BLUE	Not valid without official signature of Registrar
VEHICLE IDENTIFICATION NUMBER 2C4GP44R45R590646			INSURANCE COMPANY PILGRIM INSURANCE		REGISTRAR <i>Celia J. Blue</i>
RESIDENTIAL ADDRESS (IF DIFFERENT) 3 MARKET ST NORTHAMPTON, MA 01060-3241					FEE REGISTRATION 60.00 TITLE 75.00 SPECIAL PLATES 0.00 SALES TAX 207.81 TOTAL 342.81
NAME(S) OF OWNER(S) AND MAILING ADDRESS MILLER, JEFFREY D 78 CONZ ST SUITE C REAR NORTHAMPTON, MA 01060-3830					
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.					

SPECIAL MESSAGE

IF THIS VEHICLE IS NEWLY ACQUIRED, IT
MUST BE INSPECTED WITHIN SEVEN (7) DAYS
OF REGISTRATION.

CHANGE OF ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

Important Information for Vehicle Owners

Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.

By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.

Return the registration plates to the RMV immediately if:

- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the *Bill of Sale*, *Title*, and completed *Reassignment of Title* for your records to document the transfer.
- You move to another state and you register the vehicle in that state.
- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Transferring Your Plates: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle and this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts's law does not require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

Be first in line by going online at www.massrmv.com

Schedule a Road Test
Renew Your Driver's License
Renew Your Registration
Pay Citations/Court Hearing Fee
Replace Your Driver's License

Request a Duplicate Title
Request a Duplicate Registration
Change Your Address
Cancel My Plate/Registration
Order a Special Plate

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

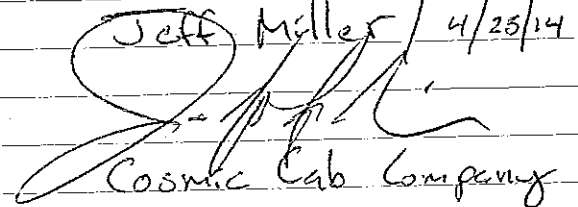
VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

Cosmic Cab Child Safety Seat Plan
2014/15

Council Members,

Cosmic Cab will make Child Safety Seats available to passengers upon request. Safety Seats will be stored at our office located at 178 Conz St, Ste C Rear, Northampton MA. We also have permanent child Safety Seats in 2 of our Vans which are built in to the factory installed Seats.

Thank You,

Jeff Miller / 4/25/14

Cosmic Cab Company

Transaction Type: AMENDMENT
Transaction Effective Date: 12/10/2014
Process Date: 12/15/2014



For Claims Reporting call 617-956-6100

ISSUING COMPANY:
Pilgrim Insurance Company

DECLARATIONS MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM

Policy Number: TXC00001003143

Office/Agent: 9001340

ITEM ONE -- Named Insured and Address
JEFFREY D MILLER
78 CONZ STREET
SUITE C REAR
NORTHAMPTON, MA 01060

Agent Name and Address
BERKSHIRE INSURANCE GROUP INC
PO BOX 4889
PITTSFIELD, MA 01202

Amendment Reason(s): ADD VEHICLE(S)

POLICY PERIOD:

Policy Covers FROM 01/18/2014 TO 01/18/2015 12:01 AM EST at the Named Insured's address stated above

NAMED INSURED'S BUSINESS:

FORM OF BUSINESS:

In return for the payment of premium, and subject to all terms of this policy

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTO

This policy only provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos". "Autos" are shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form show which autos are covered autos)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	\$20,000 Each Person \$40,000 Each Accident	19,188
Personal Injury Protection	7	\$8,000 Each Person	5,064
Optional Bodily Injury	7	\$100,000 Each Person \$300,000 Each Accident	13,638
Property Damage	7	\$50,000 Each Accident	8,988
Combined Single Limit		\$ Each Accident	
Medical Payments		\$ Each Person	
Uninsured Motorist	7	\$100,000 Each Person \$300,000 Each Accident	354
Underinsured Motorist		\$100,000 Each Person \$300,000 Each Accident	204

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto

Comprehensive Coverage	SEE SCHEDULE	Deductible	
Specified Perils		Deductible	
Collision	SEE SCHEDULE	Deductible	
Limited Collision		Deductible	
Rental Reimbursement			
Towing and Labor			
PREMIUM FOR ENDORSEMENTS			\$845
ESTIMATED TOTAL PREMIUM			47,436

Countersigned by:

14.348

MM 00 97 09 08

William D. Hartman

President

Bay Tag

Assistant Secretary

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ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE INFORMATION
DESCRIPTION

Auto No.	Year Make Model Vehicle ID No. (VIN)	Limit of Insurance/ Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State where the Covered Auto will be Garaged Territory/Premium Town/Zip
2	2000 CHEVROLET K1500 SUBURBAN 3GNFK16T3YG212921			NORTHAMPTON, MA, 13 01060
3	2003 CHRYSLER PT CRUISER TOURING ED 3C4FY58B83T625145			NORTHAMPTON, MA, 13 01060
4	2003 CHRYSLER TOWN & COUNTRY LX 2C4GP44373R127506	\$21,290		NORTHAMPTON, MA, 13 01060
5	2002 CHRYSLER TOWN & COUNTRY LXI 2C4GP54L62R779702			NORTHAMPTON, MA, 13 01060
6	2000 CHEVROLET K1500 SUBURBAN 3GNFK16T6YG124333			NORTHAMPTON, MA, 13 01060

CLASSIFICATION

Auto No.	Use **	Plate No.	Plate Type	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Day/Amount
2		TA609C	TAN	418900	LOCAL (0 - 50 MILES)		9	
3		TA603C	TAN	418900	LOCAL (0 - 50 MILES)		9	
4		TA20664	TAN	418900	LOCAL (0 - 50 MILES)		9	
5		TA26977	TAN	418900	LOCAL (0 - 50 MILES)		9	
6		TA20633	TAN	418900	LOCAL (0 - 50 MILES)		9	

Business Use: S = Service, R = Retail, C = Commercial, N = Non-Business, H = Heavy Commercial/Special

LIABILITY LIMITS (* Limits in Thousands)

* Compulsory Bodily Injury (20/40)		* PIP 8 per pers.	* Optional Bodily Injury/CSL		* Property Damage (compulsory limit 5)			* Auto Medical Payments		* Uninsured Motorist (compulsory limit 20/40)		* Underinsured Motorist	
Auto No.	Prem	Prem	Limit	Prem	Limit	Ded	Prem	Limit	Prem	Limit	Prem	Limit	Prem
2	\$3,198	\$844	100/300	\$2,273	50		\$1,498			100/300	\$59	100/300	\$34
3	\$3,198	\$844	100/300	\$2,273	50		\$1,498			100/300	\$59	100/300	\$34
4	\$3,198	\$844	100/300	\$2,273	50		\$1,498			100/300	\$59	100/300	\$34
5	\$3,198	\$844	100/300	\$2,273	50		\$1,498			100/300	\$59	100/300	\$34
6	\$3,198	\$844	100/300	\$2,273	50		\$1,498			100/300	\$59	100/300	\$34



14-348



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